

FILED JAN 26 1950

# THE DIVISION OF HEALTH OF MISSOURI

## STANDARD CERTIFICATE OF DEATH

State File No. 2038

BIRTH NO. _____		REG. DIST. NO. 276		PRIMARY REG. DIST. NO. 4410		Registrar's No. 4	
1. PLACE OF DEATH a. COUNTY Phelps				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		c. LENGTH OF STAY (in this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. James		0811 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION None				d. STREET ADDRESS (If rural, give location) - - - - -			
3. NAME OF DECEASED (Type or Print) a. (First) Gustav		b. (Middle) E.		c. (Last) Rieke		4. DATE OF DEATH (Month) (Day) (Year) January 14, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 14, 1874	
9. AGE (In years last birthday) 75		10. UNDER 1 YEAR Days 1		11. BIRTHPLACE (State or foreign country) Marion County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during present working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (State or foreign country) Marion County Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME August Rieke		13b. MOTHER'S MAIDEN NAME Carloine Starke		14. NAME OF HUSBAND OR WIFE Ida Rieke (wife)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, if unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS August Rieke, Belle, Missouri.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension, Chronic Hepatitis 8 years DUE TO (c)  2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 592X				INTERVAL BETWEEN ONSET AND DEATH 5 minutes	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January 14, 1950, to January 14, 1950, that I last saw the deceased alive on January 14, 1950, and that death occurred at 5:00 p.m., from the causes and on the date stated above.							
23a. SIGNATURE C.V. Hammler, M.D.		(Degree or title)		23b. ADDRESS St. James, Mo.		23c. DATE SIGNED Jan. 17, '50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-18-1950		24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery		24d. LOCATION (City, town, or county) (State) Lanes Prairie, Missouri.	
DATE REC'D BY LOCAL REG. Jan. 19, 50		REGISTRAR'S SIGNATURE Cora E. Birmingham		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS O. E. Licklider, St. James, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

Phelps County Health Officer,

County File Number \_\_\_\_\_

Date Filed 1-23-50

JAN 26 1950

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_  
Student Embalmer

Signed

Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address St. James, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.